Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Please Note: This policy is currently under review.

Failsafe Alert for Radiological Findings
(Communication Protocol)

This procedural document supersedes - PAT/T 38 v.4 – Failsafe Alert for Radiological Findings (Communication Protocol)

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Author/reviewer: (this version)	Dr Neelam Dugar, Consultant Radiologist Mrs Wendy Lee, Deputy Head of Service, Radiology
Date written/revised:	June 2020
Approved by:	Patient Safety Review Group
Ratified by:	Policy Approval and Compliance Group
Date of approval:	5 June 2020
Date issued:	3 July 2020
Next review date:	June 2023
Target audience:	Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	3 July 2020	• Minor changes with departmental process change	Dr N Dugar Mrs W Lee
Version 4	17 July 2017	• Policy name change • Revised Guidelines in line with updated RCR guidance	Dr N Dugar Mrs J Kay Mrs W Lee
Version 3	April 2012	• Revised definition of categories. • Guidelines amended.	Dr P Stannard Mr M Greenwood Mrs W Lee
Version 2	June 2011	• Purpose of document included. • Equality Impact Assessment' added. • Terminology amended to reflect CSU structure.	Dr P Stannard Mrs W Lee
Version 1	June 2009	• This is a new procedural document, please read in full.	Dr P Stannard Mrs W Lee

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1. INTRODUCTION

The issue of the communication of imaging reports is an important patient safety issue was highlighted by the NHS National Patient Safety Agency (NPSA). Royal College of Radiologists have a national standard of failsafe alerts.

Radiologists often directly inform referring clinicians by various methods when imaging reveals serious or unexpected findings, however they cannot assume responsibility for ensuring that all clinicians receive, read and indeed act upon abnormal radiology reports.

2. PURPOSE

This protocol is designed to introduce designated pathways between Medical Imaging and referrers to minimise the risk of serious harm to patients resulting from significant imaging findings being overlooked even though they have been correctly reported. **This will not replace the essential requirement for each referrer to be responsible for reading and acting on the result of every investigation they generate, but is designed to provide a safety net for the highlighting of significant findings.**

3. DEFINITIONS

These categories offer outline definitions, but it will be a matter of professional judgement on the part of the reporting radiologist when additional steps need to be taken to supplement the normal systems of reporting to referrers.

- **Critical and Urgent findings:** Where emergency action is required as soon as possible or medical evaluation is required within 24 hours.
- **Significant, important, unexpected and actionable findings:** Cases where the reporting radiologist has concerns that the findings are important, and a failsafe alert should be added to the normal communication method to ensure that they are acted upon in a timely manner.

4. NPSA SAFER PRACTICE NOTICE 16

The NPSA published the 'safer practice notice 16' following receipt of 22 reports where failure to follow up radiological imaging reports led to patient safety incidents, most of which involved fatalities or significant long-term harm. This included recommendations for action by radiology departments and the individual reporting the study.

The NPSA Notice also incorporates recommendations for referrers, including **'Ensure systems are in place to provide assurance that requested images are performed…..and the results of these are viewed, acted upon accordingly and recorded. It is the referring registered health professional's responsibility to ensure this is followed'. There may be occasions when during the vetting procedure, a radiologist may amend a request to a more appropriate imaging examination. The Radiology code will be changed to reflect this.**

5. STANDARDS FOR THE COMMUNICATION OF RADIOLOGY REPORTS / ROLES AND RESPONSIBILTIES

Radiology reports are communicated back to the referrer by multiple methods at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)

a. Paper reports—These are added to the patient's clinical paper notes—as the longitudinal patient record (Paper reports will no longer be required, once Electronic Patient Record is rolled out in the Trust and Trust becomes paperless)
b. Picture Archiving and Communication Systems (PACS)—electronic reports are visible alongside images on PACS
c. Electronic Results Display system— Ordercomms is used in our Trust for displaying electronic reports for radiology. General Practitioners (GPs) display radiology reports on GP systems.

NB: There is no reliable means of differentiating a regular report from critical, urgent, significant or actionable reports on electronic or paper systems. There is no mechanism for highlighting critical, urgent unexpected, significant, or actionable radiological findings within current systems. Hence, additional process is designed for Failsafe Alerts to be issued.

It is the ultimate responsibility of the referrer, not only to ensure that the requesting of imaging investigations is prioritised based on their clinical evaluation of the patient, but also to seek out the results based on the clinical urgency.

6. RADIOLOGY DEPARTMENTAL PROCEDURES FOR COMMUNICATION OF FAILSAFE ALERTS

Radiologists (also reporting radiographers and sonographers) would make a professional judgement about when, and why a failsafe alert communication is required, to supplement the normal process of report communication to the referrer. Usually it would be around **unexpected findings** or when they feel that the management of the patient would benefit from an alert—as it would expedite the patient management.

Failsafe alerts are provided for:

a. Significant unexpected findings etc — as per professional judgement by radiologist,
b. Suspected cancer,
c. Suspicious lung nodules,
d. Suspected and unexpected Spinal Cord Compression and
e. Incidental and unexpected aneurysm.

They will also make a decision whether an unexpected finding which needs a failsafe alert, is **imminently life or limb threatening** prior to issuing the alert. For **inpatients**, radiologists will check the **current location** of the patient when issuing a failsafe alert. They can check the patient banner on Radiology Information System (RIS) and PACS for current location.

COMMUNICATION BY WHOM:
Majority of the failsafe alert the communication will be delegated by radiologists to Radiology secretaries. When delegating the communications, radiologists must provide clear instructions about who to communicate the report to, and what methodology to use. (see below).
Failsafe Alert communication will be documented by radiologists at the:

a. End of the report,
b. RIS memo (Area in the RIS-Radiology Information System for documenting notes).
c. Failsafe instructions on RIS.

During normal working hours (8am to 5pm Mon to Fri) radiologists will put the exam into the failsafe worklist, and provide clear delegation instructions to secretaries.

Out of hours radiologists will telephone Extn—644537(DRI CT Reception) and provide clear instructions to staff and document the delegation instructions will be written clearly on RIS memo. If non-one is available, the radiologists will take responsibility for communication themselves.

For unexpected imminently life or limb threatening findings : If an unexpected finding is thought to be **imminently life or limb threatening**, the on-call surgeon, vascular surgeon, physician, or orthopaedic surgeon should be alerted directly by the radiologist (if the radiologist feels that **immediate communication** is essential).

At the end of the report & RIS memo radiologist should record:

a. Type of alert (significant finding, suspected cancer, incidental aneurysm etc)
b. Methodology used (e.g. phone or copy report).
c. Who the failsafe alert would be communicated to (ED co-ordinator, Ward Nurse, Consultant Secretary, respiratory physician's secretary, GP surgery, Multidisciplinary Team (MDT) co-ordinator etc)

COMMUNICATION TO WHOM: Radiology secretaries (or CT admin staff out-of-hours) will communicate failsafe alerts to:

a. A&E Patients--ED co-ordinator
b. Inpatients—Ward Nurse of the Current Patient Location on RIS
c. Outpatients—Referring Consultant's Secretary
d. GP Patients—GP Surgery
e. Suspected Cancer—relevant MDT co-ordinator (except suspected lung cancer and lung nodule—to Respiratory Physician's secretary)
f. Incidental Aneurysm (non-life threatening)—Vascular Surgeons secretary
g. Unexpected Life or limb threatening conditions—relevant on-call consultant/registrar as above (orthopaedic, medicine, vascular surgery or general surgery)

COMMUNICATION METHOD:
Communication of alerts will be using telephone call in the vast majority of situations.
For suspected cancer alerts an email will be sent to the MDT co-ordinator.

All communication by the radiology admin staff is recorded on the RIS memo—when, and to whom.

RIS memos have a digital signature of the user of the IT system, and a date-time stamp.

FAILSAFE ALERT TYPES	**Communication to Whom**	**Communication Methodology**	**Responsibility of Recipient of the Alert**
A&E Patient (Significant & unexpected)	ED co-ordinator	Doncaster ED co-ordinator mobile phone - via switchboard Bassetlaw ED Co-ordinator—via switchboard	ED co-ordinator will Contact A&E doctor
Inpatient (significant & unexpected)	Ward Nurse of the Ward patient is **currently** on (Check RIS Patient Banner for current location)	Ward Phone	Ward Nurse will contact the appropriate doctor
Outpatient/GP/elective cases (significant & unexpected but not immediately life threatening)	Referring Consultant secretary Or GP surgery	Referring Consultant Secretary/GP surgery	The secretary will contact the appropriate doctor
Suspected cancer—Upper GI, Lower GI, Urology, Gynaecology, Lymphoma, Head and Neck, Breast and Soft Tissue Sarcoma- (not immediately life threatening)—*except LUNG*	MDT co-ordinator	Copy report via email	MDT co-ordinator will put the patient on the next MDT list for discussion
Suspected lung cancer (not immediately life threatening)	Respiratory Consultant secretary	Respiratory Consultant Secretary	Inform Respiratory Physicians for vetting
Incidental Lung Nodule (not immediately life threatening)—	Respiratory Consultant secretary	Respiratory Consultant Secretary	Inform Respiratory Physician for vetting
AAA <8cm or peripheral aneurysm (not immediately life threatening)	Vascular secretary	Vascular Secretary Telephone (and via email)	Vascular secretary contact the on-call vascular surgeon.

AAA ->8cm or symptomatic AAA— **(life threatening)**	On-call vascular surgeon	Via DBTH switchboard	On-call vascular surgeon will review the patient if in hospital, or will arrange to get the patient into hospital
Unexpected Outpatient/GP Metastatic Cord Compression **(Limb Threatening)**	On-call Orthopaedic Registrar (NB: for Inpatient or A&E contact Ward Nurse or ED co-ordinator)	Via DBTH switchboard	On-call Orthopaedic Registrar will arrange to get the patient into hospital, if required.
Unexpected Outpatient/GP Non-malignant Cord Compression or Cauda Equina Compression **(Limb Threatening)**	On-call Orthopaedic Registrar (NB: for Inpatient or A&E contact Ward Nurse or ED co-ordinator)	Via DBTH switchboard	on-call orthopaedic surgeon will arrange to get the patient into hospital, if required
Unexpected Outpatient/GP Subdural Haematoma **(life threatening)**	On-call medical Registrar (NB: for Inpatient or A&E contact Ward Nurse or ED co-ordinator)	Via DBTH switchboard	on-call medical registrar will arrange to get the patient into hospital, if required
Unexpected Outpatient/GP PE/DVT **(imminently life threatening)**	On-call medical registrar for Outpatient/GP unexpected PE (NB: for Inpatient or A&E contact Ward Nurse or ED co-ordinator)	Via DBTH switchboard	On-call medical registrar for will arrange to get the patient into hospital for anticoagulation, if required, and arrange appropriate Follow Up in VTE clinic.
Unexpected Outpatient/GP Pneumothorax **(imminently life threatening)**	On-call medical registrar for Outpatient/GP unexpected PE (NB: for Inpatient or A&E contact Ward Nurse or ED co-ordinator)	Via DBTH switchboard	on-call medical registrar will arrange to get the patient into hospital, if required
Dysplastic Hip during screening US	Orthopaedic Surgeon secretary	Orthopaedic Consultant Secretary Telephone/email	Inform Orthopaedic Surgeon with special interest in Dysplastic hip

7. TRAINING/SUPPORT

All medical staff should understand their responsibilities under this procedure and be aware of the designated pathways between Medical Imaging and themselves to minimise the risk of significant imaging findings being overlooked.

All referrers are responsible for reading and acting on the result of every investigation they generate, however this protocol is designed to provide a safety net for highlighting significant findings.

Medical Staff (Referrers) will receive instructions and direction regarding this process by:

- Trust Induction.
- Trust Policies and Procedures available on the intranet i.e Hive.

Radiology Staff (Radiologists, reporting radiographers, sonographers and radiology secretaries):

- Local Induction
- Trust Policies and Procedures available on the intranet i.e Hive.

8. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

This policy will be reviewed in the following circumstances:-

- When new national or international guidance are received.
- When newly published evidence demonstrates need for change to current practice.
- Every three years routinely.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with this Policy	Clinical Leads / Clinical Governance Leads are responsible for ensuring implementation within their specialty.	Annual Ongoing	Annual audit by radiology All specialties to monitor compliance and address issues immediately Any deficits identified will be addressed immediately to facilitate compliance with policy. Incidents where non-compliance with this policy are noted should be considered as a potential risk, and reported on the Trust's Datix incident reporting system. Monitored through Radiology Governance Group

9. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 1)

10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/T 1 - Trust Policy for the Referral of Imaging Examinations by Qualified Non-Medical Healthcare Professionals
CORP/EMP 4 – Fair Treatment for all Policy
CORP/EMP 27 – Equality Analysis Policy

11. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website.
https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12. REFERENCES

Royal College of Radiologist Guidelines (RCR) - Standards for Communication of Radiology Reports and Failsafe Notification--
https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr164_failsafe.pdf

NPSA Safer Practice Notice 16 – Early identification of failure to act on radiological imaging reports – February 2007.

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Failsafe Alert for Radiological Findings - PAT/T 38 v.5	Diagnostic and Pharmacy	Neelam Dugar	Existing policy	May 2020

1) Who is responsible for this policy? Diagnostic and Pharmacy /Radiology

2) Describe the purpose of the service / function / policy / project/ strategy? Patients

3) Are there any associated objectives? Compliance with RCR Guidelines and NPSA alert

4) What factors contribute or detract from achieving intended outcomes? Nil

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] N/A

6) Is there any scope for new measures which would promote equality? [any actions to be taken N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	Neutral
b) Disability	No	Neutral
c) Gender	No	Neutral
d) Gender Reassignment	No	Neutral
e) Marriage/Civil Partnership	No	Neutral
f) Maternity/Pregnancy	No	Neutral
g) Race	No	Neutral
h) Religion/Belief	No	Neutral
i) Sexual Orientation	No	Neutral

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: June 2023

Checked by: Wendy Lee **Date:** May 2020